

CITY OF SAN DIEGO LOBBYIST DISCLOSURE REPORT

For Official Use Only

Type or Print in Ink. File Original with City Clerk.

☒ Check Box if an Amendment

☒ Check Box if Terminating Status as Lobbyist

Period Covered: from _____ to _____

**NOTE: REGISTRATION
TERMINATES JAN. 5.
RE-REGISTRATION IS
REQUIRED ANNUALLY.**

FULL NAME OF LOBBYIST:

BUSINESS PHONE NUMBER:

¥ |

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(ZIP)

MAILING ADDRESS: (If different from above)

LOBBYIST'S EMPLOYER (IF APPLICABLE):

BUSINESS PHONE NUMBER:

¥ |

EMPLOYER'S BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(ZIP)

☐ TOTAL AMOUNT OF ALL ACTIVITY EXPENSES MADE DURING PERIOD (SDMC §27.4017(j)):

☒ **9** CHECK BOX IF NO LOBBYING ACTIVITY THIS PERIOD. [REPORT TOTAL AMOUNT OF ALL ACTIVITY EXPENSES MADE DURING PERIOD, EVEN IF "ZERO", ON LINE ABOVE. FILE THIS PAGE ONLY WITH CLERK.]

VERIFICATION

I have used all reasonable diligence in preparing this Disclosure Report. I have reviewed this Disclosure Report and to the best of my knowledge the information contained herein is true and complete.

I verify under penalty of California perjury laws that the foregoing is true and correct.

Executed on _____ at _____
(date) (city and state)

By _____
(signature of lobbyist)

NAME OF LOBBYIST: _____ Period Covered: from _____ to _____

REPRESENTATION DISCLOSURE - See SDMC Section 27.4017(c), 27.4017(d)

CLIENT'S NAME (may be employer):	BUSINESS OR MESSAGE PHONE NUMBER: ()
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CLIENT'S BUSINESS OR MAILING ADDRESS: (Number and Street) (City) (State) (ZIP)

SPECIFIC MUNICIPAL DECISION(S) FOR WHICH LOBBYIST REPRESENTED CLIENT DURING REPORTING PERIOD:

COMPENSATION FROM CLIENT: ☐ \$0-\$5,000 ☐ \$5,000-\$25,000 ☐ \$25,000-\$50,000 ☐ over \$50,000

CLIENT'S NAME:	BUSINESS OR MESSAGE PHONE NUMBER: ()
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CLIENT'S BUSINESS OR MAILING ADDRESS: (Number and Street) (City) (State) (ZIP)

SPECIFIC MUNICIPAL DECISION(S) FOR WHICH LOBBYIST REPRESENTED CLIENT DURING REPORTING PERIOD:

COMPENSATION FROM CLIENT: ☐ \$0-\$5,000 ☐ \$5,000-\$25,000 ☐ \$25,000-\$50,000 ☐ over \$50,000

CLIENT'S NAME:	BUSINESS OR MESSAGE PHONE NUMBER: ()
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CLIENT'S BUSINESS OR MAILING ADDRESS: (Number and Street) (City) (State) (ZIP)

SPECIFIC MUNICIPAL DECISION(S) FOR WHICH LOBBYIST REPRESENTED CLIENT DURING REPORTING PERIOD:

COMPENSATION FROM CLIENT: ☐ \$0-\$5,000 ☐ \$5,000-\$25,000 ☐ \$25,000-\$50,000 ☐ over \$50,000

➔ NEW CLIENT'S NAME (<i>client registration fee due with this report</i>):	BUSINESS OR MESSAGE PHONE NUMBER: ()
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CLIENT'S BUSINESS OR MAILING ADDRESS: (Number and Street) (City) (State) (ZIP)

NATURE & PURPOSE OF CLIENT'S BUSINESS:

SPECIFIC MUNICIPAL DECISION(S) FOR WHICH LOBBYIST REPRESENTED CLIENT DURING REPORTING PERIOD:

COMPENSATION FROM CLIENT: ☐ \$0-\$5,000 ☐ \$5,000-\$25,000 ☐ \$25,000-\$50,000 ☐ over \$50,000

☐ If more space is needed, check box and attach continuation sheet(s).

NAME OF LOBBYIST: _____ Period Covered: from _____ to _____

ACTIVITY EXPENSE DISCLOSURE - see SDMC Sections 27.4017(e) - 27.4017(i)

DATE OF EXPENSE:

AMOUNT OF EXPENSE:

(report only the amount of the payment
made to or benefitting the City Official)

NAME, TITLE AND DEPARTMENT OF CITY OFFICIAL BENEFITTING FROM EXPENSE:

DESCRIPTION OF EXPENSE:

NAME AND ADDRESS OF PAYEE:

NAME OF VENDOR (if different from payee):

CLIENT (IF ANY) ON WHOSE BEHALF EXPENSE WAS MADE:

DATE OF EXPENSE:

AMOUNT OF EXPENSE:

(report only the amount of the payment
made to or benefitting the City Official)

NAME, TITLE AND DEPARTMENT OF CITY OFFICIAL BENEFITTING FROM EXPENSE:

DESCRIPTION OF EXPENSE:

NAME AND ADDRESS OF PAYEE:

NAME OF VENDOR (if different from payee):

CLIENT (IF ANY) ON WHOSE BEHALF EXPENSE WAS MADE:

DATE OF EXPENSE:

AMOUNT OF EXPENSE:

(report only the amount of the payment
made to or benefitting the City Official)

NAME, TITLE AND DEPARTMENT OF CITY OFFICIAL BENEFITTING FROM EXPENSE:

DESCRIPTION OF EXPENSE:

NAME AND ADDRESS OF PAYEE:

NAME OF VENDOR (if different from payee):

CLIENT (IF ANY) ON WHOSE BEHALF EXPENSE WAS MADE:

☐ If more space is needed, check box and attach continuation sheet(s).